24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Black PAC	C C00609388
Check if X 24-hour report 48-hour report New report X Amends report filed	on 10 / 16 / 2020
Full Name of Payee Deliver Strategies, LLC	Date of Public Distribution/Dissemination
	10 15 2020
Mailing Address PO Box 100970	Amount
City State Zip Code	14651.40
Arlington VA 22210-3970	Transaction ID : VTDG0AEWRK4 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 06
McBath, Lucia, K., ,	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	rsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Hawkfish, LLC	10 15 2020
Mailing Address 909 3rd Ave	
FI 15	Amount
City State Zip Code	115330.40
New York NY 10022-4745	Transaction ID: VTDG0AEVWP8 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate X Support Office	e Sought: House District:
Biden, Joseph, R., , Jr.	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Disbut 2020	
	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	129981.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	·
Shropshire, Adrianne, R., , [Electronically Filed] Date	0 20 2020
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Black PAC	C C00609388
Check if X 24-hour report 48-hour report New report X Amends report fill	ed on 10 / 16 / 2020
Full Name of Payee Resonance Campaigns LLC	Date of Public Distribution/Dissemination
Mailing Address 913 Florida Ave NW	10 15 2020 Amount
City State Zip Code	2443.62
Washington DC 20001-4001	Transaction ID : VTDG0AEVWE5 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Off	rice Sought: X House District: 14
Underwood, Lauren, , , A Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought Dis 202	sbursement For: Primary X General 20 Other (specify) ▶
Full Name of Payee Resonance Campaigns LLC Mailing Address 913 Florida Ave NW	Date of Public Distribution/Dissemination 10 15 2020 Amount
City State Zip Code	18836.34
Washington DC 20001-4001	Transaction ID : VTDG0AEVWF3 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Of	fice Sought: 🗶 House District: 02
Luria, Elaine, , ,	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought Display 145647.84	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	21279.96
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
[Electronically Filed] Date	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INI EXI END	TIONES		PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEO	C IDENTIFICATION NUMBER ▼
Black PAC			C	C00609388
Check if 24-hour report 48-hour report	New rep	port X Amends repo	ort filed on 10	16 2020
Full Name of Payee Resonance Campaigns LLC			M = M	
Mailing Address 913 Florida Ave NW			Amount	15 2020
City	State	Zip Code		21664.20
Washington	DC	20001-4001		21664.29 on ID : VTDG0AEVWG1 isbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	M = M	
Name of Federal Candidate		X Support	Office Sought:	✗ House District: 05
Webb, Cameron, B., ,		Oppose	President	Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7	117267.24	Disbursement Fo 2020 Other	r: Primary x General (specify) ▶
Full Name of Payee Resonance Campaigns LLC			M = M	
Mailing Address 913 Florida Ave NW			Amount	15 2020
City	State	Zip Code		18325.32
Washington	DC	20001-4001		n ID : VTDG0AEVWH9 isbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	M = M	/ D D / Y Y Y Y Y
Name of Federal Candidate		x Support	Office Sought:	✗ House District:07
Spanberger, Abigail, , ,		Oppose	President	Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 7	133787.45	Disbursement Fo	r: Primary ✗ General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			39989.61
(b) SUBTOTAL of Unitemized Independent Expe	nditures			7 1 7 1 7 1
				7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1
(c) TOTAL Independent Expenditures			•	4 1 4 1 4 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Shropshire, Adrianne, R., , Signature	[Electron	nically Filed] Date		2020
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	71120	PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Black PAC		C C00609388
Check if 24-hour report 48-hour report New report	x Amends report filed	on 10 / 16 / 2020
Full Name of Payee The Pivot Group Inc.		Date of Public Distribution/Dissemination
Mailing Address 1509 16th St NW		10 15 2020 Amount
FI 3		
	O Code 036-1461	27412.00 Transaction ID : VTDG0AEVWK4 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate	Tategory/	M M / D D / Y Y Y Y
Name of Federal Candidate	X Support Office	Sought: X House District: 02
Elliott, Joyce, A., ,	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbu 2020	rsement For:
Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination
Mailing Address 3050 K St NW		Amount
Ste 100		
	0007-5161	36471.06 Transaction ID: VTDG0AEVWM2 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy - Estimate	ategory/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	✗ Support Office	Sought: House District: 02
Luria, Elaine, , ,	Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	Disbu 2020	resement For: Primary ✓ General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures	>	63883.06
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Shropshire, Adrianne, R., , [Electronicali	ly Filed] Date 1	
Signature	_	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 5 OF 5 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Black PAC	C C00609388		
Check if X 24-hour report 48-hour report New report X Amends report filed on	10 16 2020		
Full Name of Payee Waterfront Strategies	ate of Public Distribution/Dissemination		
	10 15 2020 mount		
Ste 100			
City State Zip Code	31686.93		
	ransaction ID: VTDG0AEVWN0 ate of Disbursement or Obligation		
Purpose of Expenditure Media Buy - Estimate Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate X Support Office Sc	ought: X House District: 07		
Spanherger Abigail	esident Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought Disburse 2020	ment For: Primary		
Full Name of Payee D	Date of Public Distribution/Dissemination		
Mailing Address	mount		
City State Zip Code			
	hate of Dishumomont on Obligation		
Purpose of Expenditure Category/ Type	Pate of Disbursement or Obligation		
Name of Federal Candidate Support Office So	ought: House District:		
	esident Senate State:		
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	31686.93		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	286821.36		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Shropshire, Adrianne, R., , [Electronically Filed] Date 10	20 / 2020		
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